

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William S McLaurine, II
 222 Tichenor Ave
 Apt No. 4
 Auburn, AL 36830

2. Article Number

(Transfer from service label)

7006 2760 0002 8193 4577

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *without signature and date 4-6-2007*
 Agent
 Addressee

B. Received by (Printed Name) *William S. McLaurine, II* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Decv1014 67 R&R